

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000034530

1. Corporation Name
SILVERTHORN COUNTRY CLUB, INC.

Principal Place of Business

**SCARBOROUGH DR AT SR #54
 WESLEY CHAPEL FL 33543**

Mailing Address

**P O BOX 7078
 WESLEY CHAPEL FL 33543
 US**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**STROHAUER, GARY N
 CITIZENS BANK BLDG STE 300
 1150 CLEVELAND ST.
 CLEARWATER FL 34615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and block of address

(NOTE: Registered Agent's signature required when form 2549 is)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

**P
 BURCAW, FREDERICK M
 1487 STURBRIDGE COURT
 DUNEDIN FL**

TITLE [] DELETE

**VS
 FELICE, DAVID M
 4258 GOLF CLUB LANE
 TAMPA FL**

TITLE [] DELETE

**T
 DARLENE SUTTON
 SCARBOROUGH DR. STATE RT. 54
 LUTZ FL**

TITLE [] DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

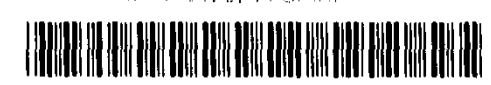
SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/989 813-973-7553
 Date Phone #

05/04/94 11:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1994

4. FEI Number
59-3256112 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

CR2E034 (1/1/98)

CR2E034 (1/1/98)

[Handwritten Signature]
 127-99